

**MO-NJD** (REV. 11-2011)

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NAME OF SMALL BUSINESS		FEDERAL EMPLOYER ID NUMBER			
ADDRESS		MO TAX ID NUMBER			
CITY, STATE, ZIP CODE		SOCIAL SECURITY NUMBER			
TYPE OF SMALL BUSINESS SOLE PROPRIETOR NOTE: If your small business is not one of these types of	C CORPORATION   LLC TREATED AS A CORPO	RATION			
	businesses, it does not qualify for the deduction.				
QUALIFICATIONS  For all taxable years beginning on or after January 1, 2011 qualify to claim a deduction in the taxable year each new to \$10,000 for each new job created or \$20,000 for each insurance premiums.	employee completes at least 52 weeks of full-time emp	loyment. The deduction is equal			
for the deduction. Any small business affiliated in determining if it employs fewer than 50 full-time control the other, or a third party controls or has the poas one who works fewer than 30 hours per week.	inployees at all times during the tax year for which the with another business must consider each employe or part-time employees. Two businesses are affilial ower to control both parties. For purposes of the deduction	ree of all affiliated businesses ted if either party has power to			
calculation. Upon completion of at least 52 weel	at least 52 weeks of full-time employment prior to its, the employee becomes a qualifying full-time employees employed in the previous of	ployee and the small business			
, , ,	wage or the state average wage if the county wage lated by the Department of Economic Developrstm.				
Must pay at least 50 percent of the health insurance pre-	emium for all full-time employees, not just for new employe	es, to claim the \$20,000 deduction.			
may claim the deduction.	ployment and work an average of at least 35 hours per				
<b>Example:</b> A small business chooses November 1 as its of been employed for at least 52 weeks, and five employees when who had not been employed by the business. If all these claim deductions for seven of its employees in determining its 2011, they would not qualify as full-time employees on that do could have qualified for the deduction prior to November 1, can select only one comparison date per year, the small business.	no had been employed for 20 weeks. Also on that date, the employees remain employed through November 1, 2012 as 2012 tax liability. Although five of these employees had be ate because they had not completed 52 weeks of employment 2012, the two employees hired on November 1, 2011 course.	business hires two new employees the small business is eligible to be en employed prior to November 1, ent. Although those five employees ald not. Because a small business			
INSTRUCTIONS					
Comparison Date: Each small business must choose a date to compare the number of full-time employees in the deduction year and the number employed in the immediately preceding year. Enter your comparison date: (MMDDYYYY) 1//_					
2. Employees in Deduction Year: The number of full-time employees employed on your comparison date in the deduction year.					
3. Employees in Previous Year: The number of full-time employees employed on your comparison date in the immediately preceding year					
4. Subtract Line 3 from Line 2 to determine the number of e	ligible employees	4			
IN THE TABLE ON PAGE TWO, ENTER THE REQUEST Note: If the employee worked in more than one county, enter					
I hereby certify to the Department of Revenue that the employees listed on the requirements outlined in this document and in Section 143.173, RSM ules and statements, and to the best of my knowledge and belief it is true, or thorized aliens as defined under federal law and that the business is not eli in a federal work authorization program with respect to the employees wo unauthorized alien in connection with any contracted services. I am the new jobs on behalf of the small business identified above.	o. Under penalties of perjury, I declare that I have examined the above in correct, and complete. I also declare under penalties of perjury that the bugible for any tax exemption, credit or abatement if it employs such aliens. rking in connection with any contracted services, and the business does	formation, including accompanying sched- siness does not employ any illegal or unau- l also declare that the business participates not knowingly employ any person who is an			
SIGNATURE	TITLE	DATE / /			

EMPLOYEE NAME FIRST, MIDDLE INITIAL, LAST	EMPLOYEE SOCIAL SECURITY NUMBER	EMPLOYEE TITLE/ POSITION CODE	COUNTY WHERE EMPLOYEE WORKED	ANNUAL COUNTY AVERAGE WAGE	TOTAL WAGES PAID FOR 52 CONSECUTIVE WEEKS	TOTAL DEDUCTION
1.				\$	\$	\$
2.				\$	\$	\$
3.				\$	\$	\$
4.				\$	\$	\$
5.				\$	\$	\$
6.				\$	\$	\$
7.				\$	\$	\$
8.				\$	\$	\$
9.				\$	\$	\$
10.				\$	\$	\$
11.				\$	\$	\$
12.				\$	\$	\$
13.				\$	\$	\$
14.				\$	\$	\$
15.				\$	\$	\$
16.				\$	\$	\$
17.				\$	\$	\$
18.				\$	\$	\$
19.				\$	\$	\$
20.				\$	\$	\$
21.				\$	\$	\$
22.				\$	\$	\$
23.				\$	\$	\$
24.				\$	\$	\$
25.				\$	\$	\$
26.				\$	\$	\$
27.				\$	\$	\$
28.				\$	\$	\$
29.				\$	\$	\$
30.				\$	\$	\$
Total Deduction: Enter your total ded	duction here and on F	Form MO 1040 Lin	10: or on Form N	/∩-1120 Line 7		\$